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ABSTRACT

This newsletter issue focuses on the issues surrounding and benefits of childcare that actively involves the family. Articles include: (1) "The Working Parents' Dilemma"; (2) "The Consortium of Family Organizations"; (3) "Children's Services: Directions for the Future"; (4) "Implementing Strategic Policies for Families and Children at Risk"; (5) "Family Literacy: Collaborative Learning Ventures for the Nation's Families"; (6) "PACE: Parent and Child Education in Kentucky"; and (7) "Family Divorce Adjustment Program: A Model for Improving Children's Post-Divorce Adjustment." In addition, the newsletter issue includes a statement from the Family Resource Coalition welcoming the coalition's new executive director. (HTH)

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Family Resource Coalition Report

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Building on the Strengths of Communities

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■ by Sid Gardner

We speak of helping individual children to "maximize their potential from birth." We seek to empower families to thrive. We need to move these ideas up another level on the ladder, to ensure that we are maximizing *communities'* potential for growth and *their* capacity to thrive.

Not surprisingly, the skills of community-building turn out to be some of the same skills needed to help families. Identifying and building on strengths, opening up conflict, valuing what is shared over what divides, pride in culture and national origins, recognizing interdependence while moving toward greater self-sufficiency—all these are traits that help glue a community together. The best programs and the best leaders have applied these community-building skills to the tasks of expanding collaboration at the community level, and have made it work.

The bad news is that the federal government has mostly withdrawn from the business of supporting innovative programs at the community level—except for Jack Kemp. The good news is that this withdrawal has stimulated more creative action at the local level than at any time in the last three decades. The success of many family support programs will be determined by whether they too can work at this level.

Family support programs happen in a community. Sometimes that community is a neighborhood, sometimes a rural area, sometimes an ethnic grouping. But in a strong family support program, community is always where resources and leadership and caring come together—not in response to guidelines or federal dollars, but in response to real problems and real opportunities.

The community level is essential to family support programs for three major reasons. First, community is the level at which most people live, work, recreate with their families, and connect with their neighborhood and friends. Parents live in a community, and their children play and go to school in a community. When a family needs help, sometimes it is because some of these connections aren't working. To ignore the community and try to respond to families as though they came in hermetically sealed containers, fails to take advantage of the strengths of the environment in which they live.

A positive, non-deficit approach can be taken to communities, just as it can in helping families. Finding the strength in a community is the critical first step to community-based prevention programs. The questions that can start the ball rolling are: What are we doing right? What works here? How are we already helping each other?

Second, communities are where resources really come from. Communities can inventory what they are already doing that may help families. For all the importance of children and youth programs in the 1990s, there are only a handful of communities in the nation that can count annually what they spend on children and youth—and even fewer that have developed an annual report card on the well-being of children. As a result, budding family support programs venture forth into a confusing world, with limited data on what is being done to help families, what that help costs, and how well it works.

Some medium-sized communities have found that they are already spending more than $50 million a year on programs to help at-risk youth. One elementary school has documented the expenditure of nearly $10 million each year in total funding for programs that help the students and families in their neighborhood. Yet no agency in that community had ever before documented

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what these programs were, or helped teachers and other school personnel to learn how to get help from local and governmental resources. Unless a community understands what is *already* being funded, its argument for *more* resources is likely to be weak.

To be even more blunt, if narrow, program-oriented agency leaders can only think about how to get an extra 10 percent each year to do what they did last year, the added resources we need to help families just aren't going to be there. It is going to take leaders who can think at the *community* level, rather than the agency or program level, to care enough to count.

Caring enough to count means tracking both what is being spent and what happens to children as a result. Today, too many agency heads think too much about the *inputs* for their programs and too little about *outcomes* for the children and families they are funded to help.

It is the community that must ultimately provide the resources for family support programs. Even if a program is *funded* from federal, state, or private sources, the local community can provide a rich variety of other resources needed for the program to succeed. For example, volunteers can be an essential part of family support programs by serving as mentors, Big Brothers/Sisters, or peer counselors. Unused school classrooms, church basements, or facilities from other agencies can be used in housing family support programs that need space of their own.

Third, family support programs need to tie into community dynamics because community is where culture arises. These programs must be culturally sensitive, aware of the conditions in that community and the special strengths and sensitivities of language, staffing, and other vital issues.

In an increasing number of communities, there is no longer any validity to the terms "majority" and "minority." Since 1988, for example, the California public school system no longer has a majority population—everyone is a minority, and more than 100 languages are spoken in the schools. Collaboration in such a world requires different skills than in a simpler, one majority-one minority framework.

What Can We Learn from Recent Efforts to Develop Community Collaboration?

What does it mean for a community to be healthy and to thrive? In Pasadena, California, a "Healthy Cities" coalition has begun developing a "quality of life index" as a way of annually measuring what is really happening to the groups in that community who are most at risk. A community that doesn't care enough to count what happens to a set of key indicators of children and families—and almost none has such annual indicators today—has no way of knowing whether overall conditions for children and families are getting better or worse.

In primary health care centers, comprehensive child care and family resource centers across the nation, new forms of interagency collaboration with parents have emerged. Parents can be seen narrowly as the target for family support programs, or more broadly as some of the community's most basic and influential resources for helping to expand support for such programs. The broader view is one that builds on community.

We've also learned that sometimes working at the community level can slow down programs. The NIMBY—Not in My Back Yard—syndrome is a phenomenon in which a community rejects a proposed facility for at-risk youth or other perceived "undesirables". Careful dialogue within communities is needed to ensure that collaboration does not come at the expense of the community's own rights to be consulted.

Community is also the level where turf boundaries come up—where what one agency does and the way it does it and who pays for it may bump into what another agency cares most about. Community, then, is the level at which real partnerships need to be negotiated. State and federal mandates for collaboration can endorse the idea of cooperation among community-based programs, but unless the leaders of those organizations want to do it down at the community level, it isn't going to happen.

One of the clearest lessons of these collaborative efforts is the certain failure of cookie-cutter models—the kind that assume the same program can be implemented in every community. Unless those who are the most affected by day-to-day changes have some real say in developing those changes—collaboration that is imposed from the top of the school district or from City Hall or the County Board simply will not last.

In conclusion, the community level of collaboration is where it all happens. The principles of effective community-building include many of the same principles needed for effective family support programs. Trusting a community to help itself, and equipping it to do so, can release a storehouse of energy that will be one of the most important social policy resources of the 1990s. In such an era, the role of the higher levels of government may simply be getting out of the way and letting local leadership take the reins. □

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Frank Farrow, Chairman
Family Resource Coalition
Board of Directors

Community, Collaboration, and Family Resource Programs

The themes of "building community" and "promoting collaboration" emerge in this issue of *The FRC Report* in several forms. Sid Gardner refers to the many stakeholders who share in community service systems, and challenges programs to make full use of their communities. Charles Bruner outlines the varied types of intergovernmental and interagency collaboration that are essential for establishing strong human service systems. Program snapshots from localities as diverse as Olympia, WA, Memphis, TN, and Marshalltown, IA, portray different communities' collaborative strategies to help families.

Amid this growing recognition of the importance of communities and the value of collaboration, family resource programs are making a unique contribution. At the heart of these programs is a type of community rarely discussed in the literature: the community of parents and families that make up every successful program. Equally unusual and essential is the collaboration that gives our programs their reason for being: the collaboration between parent and parent, between parent and staff, and between parent and surrounding community. The concepts of community and collaboration are not just attributes of family resource programs, but qualities that are embodied in every aspect of their design and operation.

This embodied collaboration is one reason family resource programs have much to contribute, not only to individual communities but to the broader reform movements that are underway in the fields of education, social services, mental health, welfare reform, and other human services—as Katherine Briar indicates in her article. While some other services are now striving to recapture a sense of community, family resource programs have never lost it. Whereas some programs struggle now to establish collaborative ties, strong family resource programs have them by their very nature.

Using these characteristics to the fullest, family resource programs can serve as the basic community building block for a wide range of human service systems. One of the many challenges for these programs in the years ahead is to help policymakers understand how, through adopting these family resource and support principles and characteristics, they, can more effectively serve the nation's families and children. □

■ by Charles Bruner

State Policymakers Support Collaboration at the Service Level

Over the last several years, state and national policymakers have become increasingly aware that the child-serving system their funding created is fragmented. It is a system that does not easily communicate across disciplines, even when several different disciplines are actively involved in working with the same family. Rather than treating the family as a whole, the system addresses specific presenting problems of individual family members.

Policymakers also recognize this fragmentation creates several problems. First, it requires families, often in stress and able to command few resources, to take the initiative in identifying and locating the services to which they are entitled. Family members must then somehow place the discrete services and counseling they receive into a context that can unify their family.

Second, to the extent that families or their members are involved in several systems, resources are wasted in duplication as each system develops its own assessment of the family and establishes a relationship with the family member being served. Third, it creates a variety of eligibility conditions that usually require the family to be in crisis before they can receive services, even when it's obvious the family needs support and, without that support, is headed for crisis.

To address these problems, state and national policymakers have increasingly called upon agencies and systems to "collaborate." A variety of policy initiatives have required the development of interagency advisory committees, or task forces, as a first step to receiving new program funds. Some have gone further by making collaboration a condition for individual agencies to get operational funds. These "first generation" responses by policymakers may help agencies to build relationships if there is sufficient authority and responsibility placed within the interagency group to encourage active participation. At best, however, such policy initiatives only begin the process toward developing a more family-centered, child-serving system.

There are also far-reaching and promising "second generation" approaches to collaboration, developed at the state level, that start from a very different perspective than "first generation," top-down methods. In these approaches, collaboration (involving the development of shared goals and agreed-upon responsibilities) is supported at four organizational levels: First, it is sought at the family-line worker level, for the worker to operate in partnership with the family and build upon the family's strengths and capacities. Second, it is sought within the line worker's agency, so the line worker is supported in his or her efforts with the family. Third, it is sought among line workers in different agencies, so referrals are not a transfer of responsibility but requests for support from a teammate. Fourth, as with "first generation" approaches, it is sought at the agency and department level, to assure the system provides incentives and support for collaboration at each of the other levels.

In short, collaboration in these programs is not simply a top-down planning process. It is one in which everybody becomes a stakeholder in achieving the goals that have been identified for families in partnership with the families being served. The challenge for policymakers is to provide support and guidance from above that will produce this collaboration at the service level.

Several such "second generation" approaches are described here, illustrating the variety of forms that state action can take.

In New Jersey, the state department of human services funds 28 school-based youth services programs which operate in or near middle or high schools characterized by high rates of adolescent problems. These drop-in centers are designed to attract youth and each one provides health, mental health, family counseling, employment, recreation, and other services. Local schools and other youth service agencies cooperatively develop grant proposals, and focus groups of students are involved in program design. The state department provides substantial guidance and technical assistance to schools, but limited top-down bureaucratic reporting requirements. The grant process emphasizes local ownership and cooperation and the programs are broadly used by students and their families.

In Maryland, state government has consistently expanded its funding for "family support centers" and has allowed an intermediary—Friends of the Family (FOF)—to provide program oversight and guidance. These drop-in centers primarily serve pregnant and parenting teens, but provide a broad array of options and services for them depending upon local needs. FOF serves as a collaborative network for the centers both to state government and to individual state agencies, and helps the centers build strong relationships within their communities.

In Iowa, four counties have been given the authority to merge thirty different funding streams that serve families in the child welfare and juvenile justice systems into a single child welfare fund. Under a local governance structure that includes the juvenile court, the county, and the local branch of the state department of human services, a new "decategorized" child welfare budget has been developed that seeks to provide for a family-centered (as opposed to funding-stream driven) system of serving children and families in the child welfare and juvenile justice systems. With technical support from the state, each local governance structure has reshaped its child welfare budget to provide more high intensity, early intervention services for families, including family preservation and reunification services. Line workers are provided support, including some flexible funds, to design plans for their clients on the basis of family needs rather than fundable services, and to help families set goals for themselves.

These are just three examples of state-level initiatives to foster service-level collaboration and the number of "second generation" programs is growing. Although different in target populations, they share a crucial common perspective: they are not simply top-down dictates. Rather, they provide guidance and goal direction at the state level while supporting and encouraging community ownership of the actual program design.

Giving up this hierarchical control at the state level is not easy. Yet in each of the states cited—New Jersey, Maryland, and Iowa—state-level officials themselves take deserved pride in the programs and in their roles in facilitating their development. Without this state-level support, even the best collaborative ventures at the local level are unlikely to be able to sustain themselves amidst the sea of state and federal regulations to which their funding resources are tied. □

CHILD & FAMILY POLICY CENTER

Charles Bruner is a state senator from Iowa and Executive Director of the Child and Family Policy Center, an Iowa-based nonprofit research and policy center. A more extensive analysis of the New Jersey and Iowa programs is found in his article, "Is Change from Above Possible: State-Level Strategies for Reforming Street-Level Services" (paper presented to the American Public Policy, Analysis, and Management Annual Conference, 1989). A more general discussion of the variety of state initiatives that seek integration in service delivery is found in a chapter he wrote on "Collaboration" in Family Policy *(National Conference of State Legislatures: 1989). Both writings are available through the Child and Family Policy Center, 100 Court Avenue, Suite 312, Des Moines, IA 50309 515/243-2000.*

Senator Bruner is a member of the Family Resource Coalition's Board of Directors.

■ by Deborah Stahl

AT&T a Catalyst for Employee—Community Partnerships

AT&T employees are among the many working parents in this country whose lives are complicated by the difficulties of finding high quality, affordable child and elder care. But now, thanks to a new AT&T grant-making program, employees can participate directly in improving their community's family care resources.

The AT&T Family Care Development Fund is a three-year, $10 million grant program that will support community-based projects that increase the supply and improve the quality of child and elder care services available to AT&T employees where they live and work.

The Fund is one of ten work and family initiatives resulting from a groundbreaking labor contract signed in 1989 by AT&T, the Communications Workers of America (CWA), and the International Brotherhood of Electrical Workers (IBEW). The Fund began accepting child care proposals in January 1990, and will be accepting proposals for both child and elder care in 1991 and 1992.

Addressing Diverse Needs

AT&T's business is information movement and management—providing quality products, systems, and services to diverse markets in the United States and around the globe. The company's 265,000 employees work in thousands of United States locations and are in many ways a microcosm of society, with all of the diversity that implies. The family care needs of employees are also diverse. Obviously, no single solution can address them all. The Family Care Development Fund was designed with the flexibility to address this wide variety of needs.

Another consideration went into the design of the Fund—the willingness of AT&T employees to participate in developing solutions to their family care problems. For a number of years a grassroots movement has been growing among AT&T employees. Not satisfied with the resources available to help them balance their responsibilities at home and at work, they organized informally to address work and family issues. As advocates for corporate support, they played a key role in pushing the development of AT&T's work and family programs. With the Family Care Development Fund, employees now have the opportunity to turn their energy and enthusiasm into projects that will not only benefit them and their co-workers, but also their communities.

Employee involvement is at the heart of the Family Care Development Fund's activities. Although selected national projects may be funded, the majority of grants will be given to community-based programs. The family care needs of AT&T employees will drive the Fund's activities, but community support will be an important by-product.

All grant proposals for local projects submitted to the Fund must be sponsored by an AT&T employee or group of employees. The employee sponsors play a key role. As local liaisons for the Family Care Development Fund staff, they help assess the family care needs of local employees and reach out to community organizations to help develop projects to respond to those needs. When a project is funded, the sponsor provides ongoing feedback on the project's success.

Funding guidelines were developed to be as flexible as possible to encourage creative local programs. The Family Care Development Fund is looking for projects that increase the supply of care such as child care center expansions, development of programs for school-age children, and recruitment of family daycare providers. The Fund is also looking for quality improvement projects such as training for daycare providers, accreditation programs, and provision of learning supplies, toys, books, and safety equipment.

The Fund does not provide basic operating support for community programs. Projects must be developmental—there must be an ongoing benefit to the community beyond the funding period. Direct service projects, those that result directly in more and/or better child care, are favored over indirect projects such as awareness campaigns and support groups.

First Grants Awarded

The Family Care Development Fund announced its first grants in June, 1990. A total of almost $200,000 was awarded to seven projects in six states:

- Two child care center expansion projects, one in Monmouth County, New Jersey, and one in Elon College, North Carolina, were each awarded grants of $35,000.
- Four grants were given to family daycare projects that improve quality through training, education, and establishment of lending libraries for educational toys, books, and learning supplies. The projects—in Atlanta, Kansas City, Richmond, and Salt Lake City—were funded at about $30,000 each.
- An afterschool program in Mendham, New Jersey received a $4,000 quality improvement grant for staff training, educational equipment, and art supplies.

Proposals are accepted throughout the year and funding decisions are made quarterly. As awareness of the Family Care Development Fund grows among both employees and family care providers, the amount of grants awarded quarterly is expected to rise.

Partnerships Enhance Creativity

A close look at the development of one of the first grants shows how employees are

Child care centers in communities where AT&T employees live and work—like the Summit Day Care Center in New Jersey—can look to the Family Care Development Fund for support of expansion or quality improvement efforts.

participating in building local coalitions. In Utah, AT&T has long been actively involved in child care issues. A number of Utah employees in that state belong to one of the twenty-two chapters of a grassroots organization called the Working Parents Support Network.

When the Family Care Development Fund was announced, the group surveyed AT&T employees in Utah to determine their child care needs. The survey showed that most employees' children were being cared for by friends, relatives, or family daycare providers with minimal training in early childhood development. Therefore, quality was a key concern.

The group then began looking to the community for a credible organization with a history of involvement in child care quality. A local branch manager served on the board of such an organization—the Coalition for Utah's Future. A natural partnership emerged. As the project developed, AT&T employees worked on researching needs and developing solutions with family care providers, child care advocates, and the Utah Governor's Commission on Child Care.

Their work resulted in a proposal for a training program aimed at both parents and providers. Using a curriculum developed by Brigham Young University, the training is conducted in a moveable resource center that provides an environment in which parents, care providers, and children can learn together. The training covers topics such as how children learn, developmentally appropriate interaction and activities, language and literacy, discipline and guidance, and parent/provider partnership.

The community partners have already developed plans for outreach efforts to make similar programs available to other Utah communities.

Projects such as this one illustrate the benefits of a collaborative approach. AT&T employees benefit from the development of new programs within their communities. And, with corporate support, nonprofit organizations, government agencies, and academic institutions can offer their resources to a wider constituency. By bringing together organizations with a variety of viewpoints and concerns, partnerships can also enhance creativity.

Other AT&T Initiatives

The Family Care Development Fund is one of ten programs launched in 1990 to help employees meet their obligations both inside and outside the workplace. The programs provide information and support, financial options, and flexible work arrangements.

Highlights of the work and family programs include:

- A **nationwide child care resource and referral** program to help employees locate high quality care and become educated on how to best recognize, locate, and use community services.
- An **elder care consultation and referral** program (to begin in 1991) to help employees locate, evaluate, and manage care for their dependents age 60 or older.
- An **employee assistance program, expanded to include immediate family members,** helps employees with medical and behavioral problems such as emotional distress, physical illness, alcoholism, drug abuse, marital or family difficulties, and other stressors.
- **Adoption assistance** provides up to $2,000 to offset expenses associated with legally adopting a minor child.
- A **child/elder care reimbursement account** allows employees to set aside up to $5,000 a year in pre-tax dollars to pay for child or elder care expenses.
- The **flexible excused workday** allows employees to take time off in short increments—two hours or more—to deal with unforeseen situations such as a child care provider getting sick or a car not starting.
- **Expanded leave for the care of a newborn or newly adopted child** allows employees to take up to twelve months unpaid leave with a guaranteed reinstatement to the same or equivalent job at the end of the leave. The company covers the cost of medical, dental, and vision care benefits for the first six months of the leave, and employees can pay to continue through the end of the leave.
- A new **family care leave** allows employees to take up to twelve months unpaid leave to care for a seriously ill family member. It, too, guarantees reinstatement to the same or equivalent job and the same benefits apply as with parental leave.

With these wide-ranging programs, AT&T is accommodating a changing workplace. The rapid growth of dual income and single parent families, among other economic and cultural changes, has created the need for greater job flexibility and enhanced family care services. Work and family issues have become competitive business issues.

With its Work and Family Programs, AT&T is helping employees ease the pressure of juggling work and home responsibilities. And through the Family Care Development Fund, by helping employees help themselves, the company is also contributing to the supply and quality of family care in the communities where AT&T people live and work. □

Deborah Stahl manages work and family programs at AT&T and serves as Director of the Family Care Development Fund. Questions about the Fund and project proposals can be directed to: AT&T Family Care Development Fund, 1 Speedwell Avenue-East, Morristown, New Jersey 07962.

And Beyond...

AT&T's support for families does not only extend to its own employees. The company's major philanthropic arm, the AT&T Foundation, has committed $2.25 million over three years to family strengthening initiatives in ten American metropolitan areas: Washington, DC, Newark, NJ, Plainfield, NJ, Atlanta, Chicago, Los Angeles, Oakland, CA, Dallas, Detroit, and Denver.

The beneficiaries of this philanthropic program are teenage parents and their families. Recognizing that today's children are tomorrow's workforce, the AT&T Foundation is directing comprehensive support to families headed by teenagers.

Addressing the multitude of pressures confronting teen parents, the AT&T Foundation targets virtually every challenge they face. It begins by ensuring that pregnant teenagers receive comprehensive medical care, and that medical and health assistance continues through the post-natal period.

AT&T Foundation support helps teenage parents learn parenting skills, and it ensures the provision of daycare for children so that young parents can attend school and obtain a degree. AT&T also supports extensive job skills training aimed at career planning and avoiding welfare dependency.

AT&T's family strengthening initiatives are characterized by widespread community involvement, including schools, nonprofit service organizations, and state and local government agencies. In most cases, the AT&T financial support is supplemented by the commitment of AT&T employees, who volunteer their time and services as mentors and tutors.

Establishing partnerships with existing community-based groups and institutions is an important step in ensuring that the initiatives will be sustained for the long term, and that they will gain sufficient momentum to attract continued financial support. By becoming the catalyst for such coalitions, AT&T hopes to make an important contribution to helping strengthen the capacity and future of America's youth. □

by Katharine Hooper Briar

Transforming Human Services with Family Support Principles

Denise has just been investigated by Child Protective Services for abuse and neglect; she was referred by the school on numerous occasions for bruises on her children, their acting-out behavior, hunger, and poor school performance. She lives in a one-room apartment, lacks sufficient funds for a washer/dryer, and thus her children are teased in school for their unkempt appearance. From time to time she is abused by her ex-boyfriend. Increasingly, her depression and isolation have led her to use drugs, while her dream of getting a good job seems more and more elusive.

The thousands of Denises in the U.S., many of whose children comprise the 500,000 or more in out-of-home placement, are constant reminders that services to families and children are provided too late, only after children have been harmed, not when family needs are first evident.[1] In Denise's case, the fact that she was referred to Child Protective Services is an artifact of the abuse behavior experienced by her children. She could also have been first identified through participation in a women's shelter, in an alcohol and substance abuse program, in a welfare reform program, in a job club, or a self-help group for single parents. However, like Child Protective Services (CPS), each of these service systems would have been constrained by categorical service approaches to focus only on a symptom or a single presenting problem rather than the array of health, educational, employment, and human service needs facing Denise and her children.

Family support and education programs and principles offer an alternative to these more traditional service designs. Based on preventive as well as early intervention approaches, families can, at a minimum, receive more consistent, comprehensive kinds of help regardless of the helper or service.

Transforming Services

Family support principles have a capacity to transform the human service system; this is just beginning to be felt in states and localities experimenting with family support initiatives. In many communities, both public and private sector agencies are shifting from a child rescue to a family preservation and support focus. For example, a CPS worker has been on loan to an Olympia, Washington school to promote a family-based early intervention project. In this project, the school's focus involves in-home services; mutual aid among families; a clothing exchange; job search and parenting classes; and "lunch buddies" for children who may then act as supports for the entire family. The school also serves as a family support center as well as the capacity builder for improved family-centered approaches and case management in the school district. The CPS worker, the supervising juvenile justice administrator, and the school principal all agree that if they could, they would transform the schools, CPS, and the juvenile justice systems to reflect the new discoveries coming from this project.[2]

In states supported by Annie Casey Foundation dollars, policies are being rewritten to reflect this shift in philosophy of human services.[3] Since the current systems of child welfare, law enforcement, public education, and health are seen by some as nearing crisis if not collapse, such alternative approaches offer antidotes to some of the system problems.

Evidence for the success of such models and demonstration projects can be found in a number of sources. The public health outreach and parent support program of Boulder, Colorado, for example, found that among a high risk population served by their project, the normally expected high number of referrals to CPS did not occur.[4] Similar findings have emerged with the Hawaii Family Support for High Risk Infants project.[5] In a separate study, a childhood education project showed that fewer school performance or behavior problems emerged as a result of a comprehensive system of early family-centered supports.[6] Family preservation programs may often model the holism of family support; Homebuilders in Seattle, Washington, for example, has shown consistent placement prevention rates of 70 to 90 percent effectiveness.[7]

Cradle to Grave Caregiving Systems

Family support programs are clearly reinforced by the growing recognition that intergenerational family systems are the primary cradle-to-grave caregiving system in the U.S.

Families, defined not by blood or marriage but by the functions their members perform, do 90 percent of the health care, teaching, counseling, and law enforcement in the nation. Often lacking the skills and resources to do their jobs, they are forced to fail and even hurt or scar themselves or a family member before help is on the way. Family support programs bring new capacities to families rather than blaming them. In fact, many family problems are seen as predictable, on schedule by-products of skill and resource gaps and the consequences of coping without help.

Thus, it is both the empirical evidence of success and the congruence with deeply cherished values in human relationships that such family support programs transcend disciplines, programs, and service delivery systems to offer a common core of principles. It is for this reason that family support programs are acquiring such a strong foothold in service reforms across health, educational, social service, and law enforcement in the U.S.

Such reforms reflect a new or different sense of how to do business with people and how, when, and where to deliver services, as well as the characteristics of the most helpful kinds of service. Such reforms are found in innovations serving the poor, the homeless, jobless, mentally ill, developmentally disabled, and aged, and are especially visible in early childhood education, child welfare, schools, maternal and child health, and caregiver support programs. While a clear taxonomy of these programs is developing—especially with the leadership of the Family Resource Coalition, the Center for the Study of Social Policy, and the Harvard Family Research Project—their principles become organizing tools and guides for change in all human services.

New Partnerships with Families and Communities

Central to these programs is the partnership relationship that professionals share with families, replacing the hierarchical, top-down approach traditionally taken by professionals. Instead, the family's definition of the problem, each member's goals and dreams, as well as the steps they would like to take to get started are honored. Many families focus on concrete needs, such as a new washer and dryer or a job, which may be preconditions for working on substance abuse or mental health issues. Few agencies in the past have been prepared to help with the requisite concrete tools and resources.

Effective family support programs are culturally and intergenerationally based so that family history, values, norms, natural support networks, and other resources can be tapped in the definition and solution of problems. In this way, the family system is empowered to stay in charge of the case plan. A developmental rather than a deficit-oriented approach to the family provides a non-blaming focus for services.

Location of services may also be a key to family friendliness and accessibility. In-home services can reduce by as much as six months in-office assessments of the family's problems because the ecology and daily stresses of the family will be clear after a few home visits. Services offered in the neighborhood or as part of the natural helping pathways of families may increase the likelihood that they will be used.

A Work Agenda for the Future

Much work still lies ahead as these mushrooming service initiatives offer new frameworks for public policy. Such work involves the following:

1. The delineation of the core technology of interventions across health, social service, child care, educational, and law enforcement services.

2. The development of a common matrix for assessment of risks (e.g., of school drop-out behavior, substance abuse, child abuse, welfare dependency) which may stem from the same precipitants, providing a common language across providers about risks, their measures and implications. Currently, a high risk child seen in a school or public health clinic may be considered low risk by child protective services.

3. More creative pooling of interventions across health, education, law enforcement, and human services as growing recognition occurs over the fact that symptoms addressed by each system stem from the same risk factors. Thus, aiding the welfare-dependent mother may also involve abuse prevention; aiding the crack-addicted parent may prevent welfare dependency; helping the jobless or underemployed parent may accelerate the child's ability to learn to read and perform well in school.

Family support and education initiatives are at a stage of development where they will be seen as just more fragmented services unless their principles are used to convert the entire human service enterprise (wherever possible) into a more coherent, empowering, and culturally responsive infrastructure for intergenerational family systems. The attached checklist reflects some of the principles that must become organizing frameworks for the transformation of all human services; it can also be used to rate the performance of services and programs.

Family Support: A Human Rights Agenda

Before our eyes oppressed peoples around the world are demanding and claiming new rights. Some of these rights are the same ones being championed by family support initiatives. They involve self-determination, the end of depersonalization and dehumanization in systems of work, school, and helping services, and respect for culture and heritage. They also involve a new ethic (or the reclaiming of an old one), not only in how people are treated as they seek help or use services, but in the formulation of more cohesive responses to diverse, even conflicting views in families, communities, and nations. Dictating, prescriptive, and top-down approaches to problem solving are seen as less effective and even hurtful.

In a sense, partnership with families is a form of democratization and humanization, the same being sought as a human right throughout the world. Ultimately, family support initiatives should hasten these rights and processes as family strengths, values, will, heritage, and dreams are honored, developed, and expanded to the wider community—which in itself should serve as an extended family. These family supports, processes, and principles are fundamental building blocks toward a more humane, non-violent society and caring world community.

Checklist for Family Support Principles

1. Are services provided in the most family friendly, non-stigmatizing environment, and whenever possible in the home?

2. Are symptoms, needs, and stresses reframed in a non-blaming way as family and community system issues and problems?

3. Are family-centered services provided in culturally and gender- and age-responsive ways?

4. Are families empowered to reframe their problems as goals to be addressed, and to select from skill-oriented, emotionally supportive, and resource-based options for their solution?

5. Are services provided as early as possible to minimize further risk and harm, or must families be pushed to escalate their problems, hurting themselves and their children, in order to become eligible for services?

6. Are families treated as partners—given their expertise regarding their problems and preferred solutions—and do policymakers and providers promote a no-reject service ethic, so that family needs drive tailor-made services?

7. Do services supplant or reinforce family strengths and capacities?

8. Is there congruence between families' demands for certain kinds of services and the problem-solving tools used by the service providers?

9. Are families forced to relapse frequently to secure boosters and long-term supports?

10. Are families provided with a case manager who honors their preferences in the case plan, coordinates service plans, and reduces the contradictory approaches used by providers?

11. Is the service provider perceived as an enabler, capacity builder, and advocate, or as a prescriber and dictator of case plans?

12. When case plans fail, is failure attributed to the family, or to the case design, interventions, and their timing?

13. When family members are separated from one another (e.g., parent in mental hospital or jail, child in group care), are aggressive supports and policies in place to keep all members of the family as involved as possible to accelerate reunification when appropriate?

14. Are policies and services provided in intergenerationally supportive ways, tapping talents of elders, enabling family caregivers to provide supports equitably across generations?

15. Do policymakers and managers of services define responsibility for family support as multi-agency, multi-system, and multi-sector involving the media, schools, corporations, labor, neighborhood and civic associations, and churches, as well as parks, recreation, libraries, and the array of health, human, and law enforcement services?

16. Are public and private sector policies screened for their impact on families?

17. Are successful family support initiatives evaluated for their cost-effectiveness or even budget-neutrality?

18. Are family support initiatives used as tools for system-wide reform, or are they designed as additives, creating more service proliferation and coordination problems?

19. Do administrators model some of the same empowering approaches with their staff as they use with families?

20. Do educational institutions provide training and preparation to service providers in the fields of education, social work, health care, law, law enforcement, and other human services, consistent with family and community capacity-building principles?

21. Are key policy and service design decisions treated as opportunities to move systems toward family support principles and practices? □

Endnotes

1. *No Place to Call Home: Discarded Children in America*. Washington, DC: U.S. Government Printing Office, Select Committee on Children, Youth, and Families, 1989.
2. Personal communication with author, Olympia School-Based Project: Madison Elementary School, Olympia, WA, 1990.
3. *Public Policy and Family Support and Education: Challenges and Opportunities*. Washington, DC: Center for the Study of Social Policy, April 1989.
4. See materials on the Community Infant Program. Boulder, CO: Boulder County Mental Health Center.
5. *Family Support for High Risk Infants: Prevention of Child Abuse*. Hawaii: Family Support for High Risk Infants, 1990.
6. SEITZ V., L. ROSENBAUM, and N. APFEL. Effects of family support intervention: A ten-year follow-up. *Child Development* 56 (1985):376–91.
   Opportunities for Success: Cost-Effective Programs for Children, Update 1988. Washington, DC: U.S. Government Printing Office, Select Committee for Children, Youth, and Families, 1988.
7. WHITTAKER, J., et al. *Improving Practice Technology for Work with High-risk Families: Lessons from the Homebuilders Social Work Education Project*. Seattle, WA: University of Washington, School of Social Work, 1988.

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■ by Marion Pines

Pulling It All Together

The challenges we now face as a nation are urgent and unprecedented. As the nation launches into the 1990s, we need to address a series of interlocking ills: a growing labor shortage, a widening skills gap, illiteracy, persistent pockets of educational and economic poverty, and eroding family structures often linked to public health and social behavioral patterns that appear self-destructive. And we need to address these challenges during a period of continued budget austerity, despite the tantalizing but elusive possibilities of a "peace dividend."

We are all aware of the multitude of programs authorized by Congress to deal with each of these symptoms. But trying to coordinate fragmented social and economic programs that are similar but separately authorized has been a perennial problem in public administration. While not unique to the United States, this problem is—in large measure—a by-product of our particular political system and approach to public policy development. For example, separate and parallel programs authorizing employment and training activities for AFDC recipients were generated by the Finance and Ways and Means Committees (Family Support Act/JOB Opportunities and Basic Skills—JOBS) and by the Labor Committees (Title II-A of the Job Training Partnership Act—JTPA).

The results of this Congressional turf protectionism are now being played out in various ways in every state and locality in the country: the JOBS program and the JTPA system either face off, cooperate, collaborate, or ignore each other. And similar scenarios can be written about other programs and funding streams to the frustration and bewilderment of the people who are targeted for help.

Although ample testimony documents the interlocking nature of problems of poor families—poverty, unemployment, lack of basic skills, low educational performance, drug abuse, lack of parenting skills, poor housing—the disparate systems implementing service programs often exacerbate the problems by dealing with each symptom as an unrelated part of the whole. Rather than working to build a strong viable family unit, this approach seems to pull fragile families further apart. Families do *not* care if their help comes with a label marked JTPA, JOBS, Perkins, WIC, Title I, or Section 8. They *do* care if they are funneled from intake office to intake office and have to undergo multiple eligibility determinations for requisite services.

It should be very obvious that we as a nation can no longer afford stand-alone systems. They are inefficient and far from user-friendly. Even if collaboration is an unnatural act among unconsenting adults, we must collaborate and pursue a more rational, coherent, outcome-driven family investment system characterized by integrated service delivery at the local level. Viewed from the perspective of a family in need of a set of public services leading to family stability and economic self-sufficiency, integration should mean one-stop shopping with one case manager who has the *ability and authority to requisition, deliver, and monitor the services needed to ensure positive outcomes.*

What's left is to try to figure out how to make it happen. How can increasingly complex systems, laden with conflicting legislative and regulatory requirements and institutionalized by years of "solo practice," engender enough trust, energy, and sense of mission to bring about this "group practice"? How can flexibility and creativity be fostered in the development of a responsive and coherent local service delivery system?

What is required, first of all, is a vision of what needs to happen and then leadership that builds an effective partnership framework for policy, planning, and implementation.

Organizing Services To Fit Needs

One pilot attempt at creating a more rational family investment system is underway in Baltimore at a large high-rise public housing project called Lafayette Courts. Major funding streams from the Community Development Block Grant, JTPA, and JOBS have created a center housed on the first level of the development, augmented by a computer-assisted literacy lab located in the adjoining public school. Residents participate voluntarily but must agree that in order to get a service the *entire family must participate and work together toward stability and self-sufficiency.*

Through the Lafayette Court Center, resident families develop a plan with the help of their case manager who has the authority to access child care (on site), literacy services (adjoining school site), health and wellness care (on site), before and after-school programs (adjoining school site), as well as offer drop-in family support services. In addition, eligibility determination and enrollment is on-site for *all* JTPA and JOBS bill funded education and training activities.

The Lafayette Court Family Development Center is *not* a multi-service center; it is *not* an information and referral center. This is an integrated service delivery center. Interagency agreements have authorized the case manager to commit resources, monitor the quality of delivery, and ensure the family progress toward an agreed-upon set of successful performance benchmarks.

Such change is not easy. Collaboration among disparate agencies, speaking different languages is certainly not easy. For example, child welfare specialists try to prevent "placements"; the employment and training systems' objective is to encourage "placements"! Lizbeth Schorr claims that collaboration requires a combination of the skills of Mother Theresa, Machiavelli, and a CPA!

But the challenges we face require us to form working policy and delivery teams with educators, social and child welfare specialists, job training, health and housing systems, and others. Only then can we organize services in a rational manner to fit the needs of our most vulnerable families, rather than organizing them to fit the shape of the different bureaucracies. □

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■ by James A. Levine

Corporate America Meets the Working Father

PHOTO: MICHAEL GAFFNEY

Breaking ground for the Johnson & Johnson Child Care Center on the campus of Ortho Pharmaceutical Corporation in Raritan, NJ.

Just before Father's Day last year, several journalists called me at The Fatherhood Project for referral to "some Mr. Mom types"—those likable, role-reversing, caregiver-fathers who make for curiosity pieces in the lifestyle section.

At almost the same time, proposed parental leave legislation was taking a bashing from conservatives who said they could support maternity leave but not paternity leave, since men would only use it as an excuse to hunt or play golf.

Between these stereotypes of the "new" and "old" fatherhood lies an emerging reality that employers in the 1990s will have to reckon with: the working father.

"Working mother" used to be code words for conflict, stress, potential losses in productivity—an identifiable problem to be addressed by Human Resources. Now any savvy recruiter will tell you it points to the fastest growing talent pool in the labor force.

"Working father" used to be taken as redundant—a tautology in its purest form. No longer. In the seminars I lead for American corporations, the dad who is trying to juggle commitments to work and family is beginning to make his presence known—whether he is dashing out of a meeting to the day care center or telling the recruiter he simply can't take a job with that much travel while his children are so young.

Some employers are responding with family friendly policies that recognize dad's changing role. For example, Johnson & Johnson, the giant health products company, not only extended its family leave, flex-time, and adoption assistance benefits, but revised its corporate credo to say "our first responsibility is to the doctors, nurses, and patients, to mothers and fathers, and all others who use our products and services." Although J & J has obviously employed and sold diapers to fathers for a long time, before April 1989 the credo (no small matter at J & J) only noticed moms.

Changing policies and charters is one thing; changing workplace habits and culture is quite another. At even the most progressive companies, I encounter men who are made to feel ashamed because of their commitment to their families. The man who gets teased as a Mr. Mom for leaving at 5 P.M. (he gets in at 8 A.M.) to pick his kids up from day care. The man who parks in the back lot so that at 5:30, when he has to dash to the day care center, he won't have to walk in front of his supervisor. The man who leaves 15 minutes after the boss so as not to be considered uncommitted—even though he takes two hours of paperwork home.

Still there are encouraging signs of change. At a recent meeting I heard of, the group leader said, "It's 4:45. We still have several items on our agenda, but is there anyone who will have to leave to tend to the family?" The interesting fact here is that the leader and all the participants were men. At first nobody said anything; then one man said that, in fact, he did have to pick up a child at day care; then another admitted to the same dilemma. Arrangements were made to finish what they could in 15 minutes and follow up later.

One myth has it that senior male managers—guys in their 60s—will be the most resistant to making changes for today's working fathers. After all, when they were coming up, their wives stayed home. The fact is, however, that many men in their 60s speak poignantly of watching their sons and daughters struggle to advance their careers and care for their children. "Times have changed," says one executive who thirty years ago demanded that his just-pregnant wife quit working. Now he is getting ready to purchase a rocking chair for his office—his son's baby will soon be enrolled in the on-site corporate day care center.

These are isolated examples of change, of course—few and far between. But in the next decade, in more than isolated cases, corporate cultures built on the stereotype of the "old" fatherhood are going to begin feeling—and will have to deal with—the first significant pressures from today's working fathers.

I don't expect the pace of change to be rapid. There is, after all, no vocal minority of men pushing for change the way women have over the last 25 years. And most men carry their work/family conflict in silence—as "real men" have been taught to deal with problems all their lives. But three strategies—each worthy of an article itself—will move things along:

1. Individual fathers need to speak up, to let their supervisors know about their family needs. There's often more room than men realize to negotiate win-win situations—ones that work for the company *and* for the family. But you don't get if you don't ask.

2. Companies concerned about the changing demographics of the workforce—about what is now commonly called "managing diversity"—need to recognize that their talent pool includes not just more women and minorities, but more men with family concerns. They'll be more effective at recruiting if they are sensitive to that reality, however faint it may seem.

3. Companies need to train their managers to respond to the work/family problems that employees will increasingly bring to the workplace. But this training needs to recognize that work/family is not just a women's issue, but an issue that men are carrying around as well—even if they don't speak up.

The old stereotypes of fatherhood are fading and the new ones of Mr. Mom exist, for the most part, on the silver screen. But if we understand what's beginning to happen with real fathers—today's working fathers—we can create a future with healthier families and more successful businesses. □

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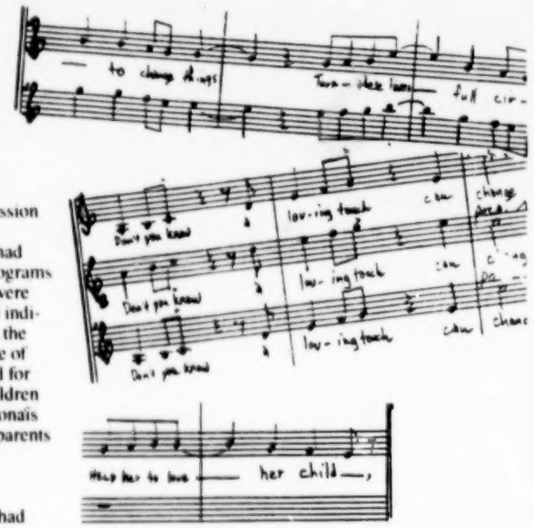
■ by Susan James

"Parenting. Love of a lifetime."

The Story of a PR Campaign



In late 1988, after an abortive attempt to get some free PR material from a university class of journalism majors, the Parenting Center of Memphis cast about for assistance and direction with this critical but unbudgeted item. At the same time, our Board of Directors welcomed a new member: Gail Billingsley was then in advertising and a member of a professional club, the Memphis Advertising Federation (Ad Fed). And serendipity! This club was beginning to work on a bi-annual pro bono marketing concept to benefit a worthy non-profit organization!

Gail cautiously explained the Ad Fed project to the other Board members saying that she would try to interest the club in our agency. Usually, three or four agencies do a presentation for the committee working on the PR materials. The group then decides which agency triggers their creative flow enough for them to come together to work on one large campaign.

This time, however, Billingsley took Parenting Center material directly to Steve Rutland, head of the Ad Fed pro bono campaign. For a variety of reasons the Parenting Center was an exact fit with the goals and objectives set out by Ad Fed's working committee, so when Billingsley and Rutland met with the entire group, the search for an appropriate agency fit ended.

What followed was a continual meshing of personal and professional goals throughout the life of the campaign. As director of the Parenting Center, I met once with the creative group to explain the mission, objectives, and services of the Center and to pass out fact sheets and newsletters. That was in January, 1989. A few months later, Billingsley brought us the first concepts off the collective drawing boards.

The Center Board of Directors and I were excited—here was just the logo we had been searching for, plus terrific ideas for a television ad and even a poem. After being "have nots" for so long, perhaps we were easily pleased; however, the Ad Fed committee felt there was still work to be done and more ideas to explore. They were after award winning material. They wanted a song and print ads for both newspapers and magazines. They, in fact, had become zealots—creative geniuses with a personal mission and message to convey.

Why? It certainly wasn't anything I had said, but somehow the purpose and programs of the Center coupled with what they were doing gave a tug to their collective and individual primordial instincts of family...the preservation and importance of the role of families today, and most of all the need for parents to shape the future. For if "children are the future," as claimed by professionals and politicians alike, then indeed it is parents who will model it.

Personal Investments

Steve and Melinda Rutland had just had their first child, Zack, when they began working on the parenting campaign. He felt "burned up" with the responsibility of being a parent and his creative energies fed off that enthusiasm.

A creative kick-off session was held at the Rutland Agency. Logically, the group wanted to produce outstanding material that would reflect positively and bring local—and possibly national—recognition to the club. Rutland introduced the topic, set a timetable, and distributed material on the Parenting Center. After getting everyone's approval and agreement to work on this subject, each member of the committee went in his/her own direction, trying to sum up the awesome responsibility of parenting.

Wanting a feeling of the total commitment involved in parenting, Melinda Rutland came up with the slogan, "Parenting. Love of a Lifetime."

Recalling childhood memories and the simple pleasure of tracing his hand with a crayon led Steve Rutland to design the logo: a tracing of a child's hand protected and surrounded by a tracing of an adult hand. To him, this symbolized touching, union, hand-in-hand, one coming from another, and so many other things.

The logo and slogan were adopted immediately and used for Parenting Center T-shirts, office stationery, and bumper stickers. Comparing bumper stickers to traveling billboards that would be responsible for a "collective, residual awareness," Rutland had thousands circulated. To him, the bumper sticker says, "I'm proud to be a parent." It announces to everyone the child's importance in the parent's life which, in turn, just has to build the esteem of any-age child.

Dan Conaway, president of Conaway Creative, wrote the ad copy for "A Kinder and Gentler Nation" before it became the buzzword for the Bush administration. Rutland noted that this kinder/gentler nation isn't something that happens in Washington, DC: "What makes it happen is at the home front, in the family. It's right here where we focus on the one-to-one. It's an individual thing, not a group thing. The awareness is the group thing, and that's what we can do through this campaign."

The "Instructions not included" ad has

Parenting Center of Memphis

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(Instructions not included.)

Parenting. Love of a lifetime.

Parenting Center of Memphis

A kinder and gentler nation starts here.

Parenting. Love of a lifetime.

Parenting Center of Memphis

peer appeal. Rutland pointed out that this copy says, "Join the club, it's something we all can identify with." To him, the "Help Wanted" ad says, "We're on your side, we're in this together."

For musicians Tonda and Tony Thomas, work on the parenting campaign came at a special time in their lives. These are two people who "really, really wanted to be parents." They had spent more than $20,000 on fertility specialists and two failed independent adoptions. Now they were in a California hospital awaiting the birth of another possible adoptive child. Both were losing sleep over the anxiety of "What if this mother changes her mind?" and feeling stressed over the lengthy process of the courts and paperwork. Even with seventeen years of experience working in Memphis music, Tony couldn't seem to get it together to write the parenting song. Then the baby was born, and as he sat holding and gazing at the baby, *his* baby, the song just popped into his head. From the first line—"Help her to love her child"—the rest simply flowed.

Tony wanted the song to be as large as life and he knew all the best Memphis musicians and vocalists who could get the job done. Thomas approached other professionals who were excited and willing to donate their time and talents to promote parenting. Everyone felt "in sync with the purpose." His wife, Tonda, sang lead on the recording and was joined by the Calvary Choir, Jimi Jamison, Debbie Jamison, Joyce Cobb, and Pat and Suzanne Jerome Taylor, all notable Memphis musicians.

The pride they felt in speaking to parents of any age across all cultural, racial, and economic lines comes across in this beautiful musical piece. They wanted a "We are the World" feel to it, and they got it.

Dan Conaway, father of a 15-year-old daughter, particularly personalized the "Help Wanted" ad when he wrote, "You can't say or do anything right. Ever. Your opinion is worthless, your advice meaningless, and your authority questionable. You're outdated, out of touch...out to lunch."

"In other words, you're the parent of a teenager, and you're both wondering what you did to deserve each other. They're going through the most profound changes in their lives, finding out who they're going to be and you think the search is going to kill both of you." In fact, a framed copy of this ad hangs in his daughter's room.

He said he related to thinking his kid was the worst, feeling alone, and wondering if any of this frustration both of them felt regarding their relationship was normal. He got involved with the ad campaign because he believes there is no more important job than that of a parent and getting this message out was one way of doing something, of making a difference.

Conaway knows that for working parents, handling stress often gets in the way of being effective and responsible. He feels that the future lies in bringing parents together to assist each other with mutual problem-solving at the workplace. "There is no laundry list of corrections for the various difficulties parents encounter on the job. The 'middle of the night crazies' happen to all of us."

"Writers write a lot of things and hope that it is good. Opportunities to write about something you have a feeling for are rare." Conaway said he enjoyed writing these ads and that they were fun, meaningful, and enjoyable—just like parenting.

Steve Rutland is concerned with the way the media has exploited sex and violence in selling products and programs. He discussed this frankly with the programming director of a local rock station that is known for its "Shock Radio" where innuendo and implication often border on the obscene. He pointed to the resultant desensitization to truth, and appealed as one parent to another that the media has a caretaker responsibility. This resulted in a positive coming out of a negative as this radio station played the parenting song, "One at a Time," more than any other station. Summing it up, Rutland says that for him prevention and coping skills are what the whole parenting campaign was about.

Continued on p. 18

■ by Barbara J.M. Evans, M.D.

The Role of Pediatricians in Implementing Public Law 99-457

The Education of the Handicapped Act Amendments of 1986—P.L. 99-457—is intended to support families by providing states with an assistance grant program to establish a "state-wide, comprehensive system of early intervention services for infants and toddlers with handicaps and their families" (Federal Register, 1989).

Unlike the previous P.L. 94-142 Right to Education Statute enacted in 1975, which was concerned primarily with educational issues, the new law specifically addresses services for infants and toddlers with handicaps and their families and specifically addresses health services. For these reasons, pediatricians throughout the country have been arduously working at a community, state, and national level to assure appropriate planning and implementation of this potent mandate to provide an integrated family support system (Dunst, 1988).

The roles that can be assumed by the pediatrician under P.L. 99-457 are multiple, stratified, and essential. The younger a child is identified as having a developmental delay, and through evaluation is determined to be eligible for early intervention, the more likely the child is to have a significant medical problem (Downey, 1990).

Pediatricians working in their communities will ultimately have the major impact on the implementation of the law. It is now commonplace for first-time parents or established families to consult with their pediatrician prenatally. The pediatrician is frequently present at complicated births or may be the first doctor to examine a child with a potential disability. "By emphasizing that the family is the constant in the child's life," the pediatrician can work collaboratively with the family in making early decisions about the "child's health and medical care" including referrals to consultants or for hospitalization at tertiary centers where specialty care is available (Establishing a Medical Home, 1989).

When a problem is not obvious at birth (e.g., prematurity or congenital anomalies), the primary care pediatrician is often the first to be alerted to the parents' concerns about a developmental problem. Listening empathetically while exercising sound judgment based on knowledge of normal child development, coupled with knowledge of this child's medical history, family dynamics, and community resources should lead to timely and appropriate referrals for evaluation and eligibility for services. Unfortunately, many developmental problems are extremely subtle during the first year of life and in some instances, pediatricians have had very little training in such disorders.

This combination of factors coupled with a reticence to alarm the family unnecessarily sometimes leads to a delay in early referral. Because pediatricians tend to run extremely busy practices, their knowledge of programs and support systems within the community may limit their ability to recruit help efficiently. Much work needs to be accomplished to rectify these very real problems. Individual pediatricians must become aware of their essential role in the development of Individual Family Service Plans (IFSPs), ensuring quality programs are in existence, and lobbying for the development of new programs if individual needs are unmet. Any pediatrician, by virtue of his or her personal interest or desire for improved family care, can be strongly influential at a state and national level through advocacy and involvement.

Neurodevelopmental pediatricians at secondary and tertiary centers can play a key part in educating their peers about the significance of P.L. 99-457 and by sharing their knowledge and skills necessary to evaluate and participate in on-going assessment of children determined to be eligible for services (Downey, 1990). These physicians are best qualified to participate in and provide expertise for national committees and councils, as policies and laws continue to be generated and modified. They are also an invaluable resource for interdisciplinary activities including education, consultation, and development of standards for non-medical professionals dealing with children with disabilities and their families.

Nationally, along with many other agencies particularly concerned with an integrated, family-centered, child care support system, the American Academy of Pediatrics (AAP) has closely followed the evolution of this law. From its inception there has been significant input from dedicated pediatricians in obtaining its maximum benefit to families. A network of teams representing each chapter of AAP has attended a national conference that encouraged the physicians to return to their states equipped with information and optimistic goals. Following the conference, there was a formal publication of the proceedings (Proceedings, 1989), multiple workshops, presentations at national AAP meetings, and dissemination of information in newsletters, articles, and reports. The Academy continues its active efforts through frequent mailings of status reports and suggestions for pediatricians on how to become more involved.

The enactment of P.L. 99-457 has opened the door to pediatricians at all levels to have a positive impact on family support systems. The community-based primary care pediatrician can provide the crucial "Medical Home" which is sorely needed for families and children with special health care needs (Establishing a Medical Home, 1989). The neurodevelopmental pediatrician can supply expertise needed to evaluate, educate, help plan, and implement this potentially powerful piece of legislation. Finally, state and national societies dealing with children's issues—such as the American Academy of Pediatrics—can be a major force in ensuring that the benefits of the law reach each individual child and family.

Pediatricians throughout the nation are trusted for their opinions and for their dedication to children and families. They are an invaluable resource and strong supporters of the principles of family-centered care and a broad-based child care service system. □

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References

DOWNEY, W.S. (1990) Public Law 99-457 and the clinical pediatrician Part 2: Implications for the pediatrician. *Clinical Pediatrics* 29:223–7.

DUNST, C.J. (1988) Supporting and strengthening families: New visions, new directions. *Family Resource Coalition Report* 7:4–5.

Establishing a medical home for children served by Part H of Public Law 99-457 (June 1989). An issue paper, Bureau of Maternal and Child Health and Resources Development, American Academy of Pediatrics.

Federal Register. Early intervention program for infants and toddlers with handicaps. Final regulations, Department of Education Part III (June 22, 1989) 26306-26313.

Proceedings from a national conference on Public Law 99-457: Physician participation in the implementation of the law (August 1989). A summary of conference proceedings, November 19–21, 1989. American Academy of Pediatrics.

■ by Gary Stokes

Building Organizational Capacity to Respond to Families in Poverty

With few friends in America's public and private institutions, our most fragile families in poverty are stuck at a developmental stage characterized by isolation, fear, dependence, and wasted potential. Our society knows little about these poor families, and social programs are designed to keep them at a minimal level of safety; they are not designed to get to know individuals, let alone entire families.

Public policy has backed away from the War on Poverty assumption that these fragile families can rise out of poverty and become part of the middle class. Instead, public policy is focusing its modest developmental investment on the most job-ready heads of poor households. Family heads of the most fragile families may jump through various job-seeking hoops of reformed welfare programs, but they are unlikely to succeed.

Our research at Mid-Iowa Community Action (MICA) several years ago tracked the five-year economic history of hundreds of families who had received our services. We discovered that few of these families had risen out of poverty. We had to face the conclusion that our own programs—fragments of the nation's anti-poverty approach such as Head Start, WIC, housing programs, emergency services, and information and referral—were not powerful enough individually or in combination with public welfare programs to boost families out of poverty.

Today, after five years of organizational capacity building efforts, MICA has twenty Family Development Specialists working with more than 400 of our community's most fragile families. Meeting with families in their homes, our Specialists are partners with them in a well-defined developmental process aimed at strengthening these family self-sufficiency competencies:

- the ability to nurture and maintain self-esteem in oneself and others;
- the ability to solve problems, set, and consistently pursue goals;
- the ability to create and sustain interpersonal relationships;
- the ability to create and sustain supportive social relationships; and
- the ability to support and maintain the normal development of children.

So far 130 families, averaging $8,250 in welfare and other program support at their entrance to our family development program, have moved off all forms of assistance in an average time of twenty-three months.

Fundamental Partnerships

Two key collaborations have emerged as absolutely necessary to our organizational capacity building: First is the collaboration between the organization and families. Our program design evolves and becomes more effective as families reveal the true nature of their challenges and explore their hopes and dreams for the future. Our assessment tools provide revelations to both families and the staff. The snapshot below, taken from a sample of 91 randomly selected families who have received ADC for at least two years, shows some of what families share with us:

Issues	% of Sample
Victim of sexual abuse or incest as children	34%
Past victim of domestic violence	51
Cohabitation with significant other	35
Current victim of physical abuse	22
Adult child of alcoholic	53
Former substance abuser	31
Current substance abuser	11
Never have been married	29
Record of incarceration	16
Never had a job of any kind	28

We are constantly humbled by what our partnership with families reveals about the challenges we face together. But our collaboration with families also provides rich information for family insight and planning, agency program design, program implementation, staff training, and collaboration with other organizations. The flow of information from families also focuses our staff training; we have been able to identify appropriate curriculum areas for our Family Development Specialists in a training program MICA created with the National Resource Center on Family-Based Services and an Iowa community action task force.

Our intimate relationship with families also raises our credibility with other agencies and with public policymakers. In one particularly exciting new effort, more than forty area schools and human service organizations have accepted our invitation to form the Community Academy on Families at Risk in order to train and plan together over the next four years. An essential part of this training together will be receiving direct feedback from families about how our organizations can be more effective with them.

The second necessary collaboration is internal: staff and Board must be full partners in agency policy change, program design, and implementation strategies. For traditional service delivery agencies, getting intimately close to families involves nothing less than a paradigm shift.

The human growth process necessary for successful development of poverty families has to be pursued in a parallel process within the organization. Previously undervalued line staff, some still in poverty themselves, need and deserve highly committed support and interest from supervisors and managers. The subject of human growth must become central to everyone's daily conversational agenda. Staff and Board development must evolve with a new ethos of love, respect, challenge, and teamwork. A willingness to grow and develop has become a new MICA standard for staff and volunteers. To meet this standard, we must have continuous exchange and, perhaps most important, encouragement from each other that we can actually succeed together in territory only minimally charted.

Pioneering family development programs, at least in the early years of their development, will need to focus on internal collaboration and on collaboration with families. Emerging from these two fundamental partnerships will come new commitments, clearer focus, exciting growth, expanded capacities, and opportunities for both families and organizations. □

Gary Stokes has been Executive Director of Mid-Iowa Community Action (MICA) for fifteen years. MICA has trained over 1500 human services staff on the subject of family development capacity building. Currently he and MICA staff offer a workshop called "Ordinary People: Extraordinary Organizations," the result of research to find America's most effective development organizations.

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MICA is a member of the Family Resource Coalition.

■ by Lynne White

Sharing Responsibility: Seven Communities Work Collaboratively to Guide Their Youth

Since October 1988, the Lilly Endowment has supported the Community Guidance for Youth Program (CGYP) by providing resources, funding, and technical assistance to improve the quality and coherence of guidance for young people in Indiana. Seven programs in both rural and urban communities are now in operation. Their common goal is to undertake collaborative efforts that provide lasting support and direction for youngsters who might otherwise lose their way.

These communities have been challenged to address two questions: How can a community encourage and enable its young people to envision productive roles for themselves in a realistically hopeful future? And how can the community provide its young people with the assistance and experiences they need to aspire to those roles?

Vision of Community Guidance

The CGYP is grounded, first and foremost, in the conviction that the community as a whole has a shared responsibility to provide guidance for young people. Changing social factors, such as the steep rise in the number of single-parent families, have shown that the family can no longer bear the responsibility without additional support. A fragmented collection of school and community programs, however well-conceived and administered, has not been able to take up the slack. In fact, no single sector of the community—schools, churches, community groups, youth-serving agencies, businesses, or families—can successfully accomplish this work alone.

Collaboration, therefore, is seen as an essential strategy in linking existing services and resources, dismantling outworn structures, generating new and more ambitious programs, and incorporating previously untapped people and resources to address existing needs. Collaboration is the route to realizing the vision of community guidance: services that pass students from hand to helping hand, providing relationships with nurturing adults at each developmental stage.

Building Collaboration

In setting up the program, we funded a six-month planning period to give communities time and resources to develop local solutions to local problems. Although the communities had little experience with collaboration, they all had some positive working relationships between key people and organizations. Their resources for serving youth were uncoordinated and failed to reach many young people in need, but all the communities demonstrated concern for their youth and a willingness to begin working together.

As a first step, we asked key individuals in each community to convene a planning team of school and community representatives. Those teams were then asked to assess the needs of their youth, identify existing community resources, devise a means for multi-sector collaboration, and create their "vision" of community guidance that would match resources with needs in creative ways. By "vision" we meant that teams should strive to reinterpret who provides guidance, redefine how services are organized and

delivered, and plan new interventions. Resulting program ideas were then woven into a community guidance plan for implementation funding.

Within the broad mission of community guidance, communities were than directed to target their planned program activities in two ways: First, they were urged to pay special attention to young people facing the greatest challenges—those from poor, minority, or disadvantaged backgrounds, or the first in their families to pursue post-secondary education.

Second, we suggested six priority areas: encouraging parental involvement, redefining roles and functions for guidance providers, enhancing learning opportunities, supporting transitions from one school level to the next, connecting youth with the community, and providing career and educational information. Communities were asked to use these areas to focus their efforts and to use as a framework for establishing continuums of supports and services to guide young people through their school years.

Collaborative Concepts in Action

The seven Indiana communities have already begun to translate their ideas into action. Most communities targeted the elementary grade population, addressing the need for early intervention, and several have proposed activities for middle or high school students as well. Five communities chose parent involvement as the focus of their efforts, but have found program design frustrating and feel more planning time is needed to develop sound strategies in this area.

In Anderson, Indiana, an urban community, planners devised a way to deliver services to Pinetree Village, a housing development whose residents are minority and low-income. Their plan is based on a collaboration between the housing project, the nearby elementary school, and community agencies. An after-school program located at Pinetree will offer children tutoring in basic skills, academic enrichment activities, cultural fieldtrips, and recreation. Parents from Pinetree will be trained to act as advocates for children and families, and assist their peers to acquire parenting skills.

East Chicago, another urban community, designed a program with four components: a workshop series for parents; summer and after-school enrichment programs; mentoring; and on-going interagency staff training. A formal collaboration that developed among schools and community groups during the planning period will work to sustain broad participation and oversee program implementation.

Knox, a rural and predominantly poor community, plans to develop a career education program that offers a continuum of services from elementary through high school. A "Career-a-Month" program in the elementary schools will help students become aware of career options, and middle school students will design and operate their own businesses to gain experience. A career information center and local job readiness training are planned for high school students. The second major focus for Knox is to involve youth in community service projects. The newly created Youth Guidance Board, made up of business leaders, community members, teachers, parents, and students, will connect the program to community resources and volunteers.

North Gibson plans to aggressively inform young people and their parents about local resources through a free resource directory

and newsletter; a two-day agency showcase at the county fair; and sponsored student trips to regional colleges. A new umbrella organization, the North Gibson Youth Coalition, was formed to ensure the coordination of existing and new efforts. Camping experiences are planned for all students in grades 5 and 8 as a way to prepare for and support their transitions from one school level to the next. Most of North Gibson's initiatives involve parents, and special workshops and seminars are being planned to meet their needs.

Paoli's various strategies are meant to develop informal guidance, emphasize meaningful relationships between adults and youth, and encourage peer influence through mentoring, counseling, and youth leadership. A "Partners in Excellence Program" will pair an adult with a student who has academic potential but has been held back by social disadvantages. A "Leadership Unlimited Program" will train 10th and 11th graders to offer peer mentoring to middle school students. A "Life Skills Training Program" will offer classes in raising self-esteem to youths referred by the judicial system or school counselors. Lastly, Paoli will offer parenting seminars at local businesses during lunch hours.

All of these programs are collaborative efforts which feature shared resources, facilities, and people. Some are based primarily in schools and others in the community. In some cases, existing programs are being expanded or restructured; in other cases, the efforts are new and innovative. All communities plan to use their resources—people, places, organizations—in different ways.

The definition of "guidance providers" has been expanded to include all meaningful relationships between adults and youth. Peer influences are being harnessed through mentoring and provision of leadership opportunities. Staff development and training for school and community agency personnel are being restructured to incorporate aspects of collaborative action.

The Larger Community Agenda

Twenty months into the CGYP, important issues and lessons are emerging, and collaboration—as anticipated—is a pivotal one. However, simply bringing representatives of schools, community groups, youth-serving agencies, and families together does not automatically ensure collaboration. The process has been more difficult in urban areas where organizations and agencies must sometimes be convinced to put aside their individual agendas in order to support a larger community agenda.

To keep a balanced representation of schools and community groups has required working with different perspectives and agendas. Collaboration has been more effective in communities that expanded and diversified participation and representation, and the program received more widespread community support.

The importance of leadership that understands and values collaboration has emerged in each community. Communities found they need leaders who can influence and reach others, give the program visibility and status, and secure and build participation. Equally critical, they discovered, are leaders with organizational and communication skills, commitment, and resourcefulness. Strong and consistent leadership will play a vital role in building and sustaining the collaborative process and ensuring that proposed programs are carried out.

At this stage, all of the communities now regard collaboration as beneficial and have instituted formal structures to sustain it, and to provide for staffing, leadership, and management. The communities have come a long way from the initial planning meetings when participants said that this was the first time people had ever sat down together to talk about helping their youth. We think the CGYP provides some of the critical elements for communities to bring about needed change: the opportunity for schools and community to reflect upon existing practice; the encouragement for schools and community to engage in collaborative action; the chance to develop more effective approaches to guiding and challenging young people; and the resources, assistance, and funding to support new and promising initiatives. We intend to work and learn together with these communities as they strengthen their guidance networks of home, schools, and community. □

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The Academy is a member of the Family Resource Coalition.

The Funder's Perspective

■ **by Gayle Dorman**

Promoting achievement and healthy development for all young people, especially those whose chances in life are diminished by poverty, racial or gender discrimination, or family troubles, is a historic concern of Lilly Endowment, Inc. In the 1980s, the Endowment became increasingly concerned that low levels of educational attainment among Indiana young people (the state ranks 47th in the proportion of 18–24 year olds attending college) imperil the future of both individuals and the state.

We believe that many more of our young people *can* complete vocational, technical, or four-year college programs given opportunity, support, and encouragement from parents, communities, and schools. Nowhere is adult guidance more critical to young people's present and future well-being than in helping them to see, believe in, and prepare for their futures.

Lilly Endowment promotes a redefinition of guidance that

- focuses on raising young people's aspirations, builds their motivation, and promotes academic achievement; and
- includes multiple and diverse guides such as parents, relatives, neighbors, teachers, counselors, youthworkers, and adult friends who help youngsters find their way to the future.

We hold some general beliefs about guidance:

- one of its outcomes is increased educational opportunity and equity;
- it is the responsibility of the entire community, not just the schools;
- it must begin well before high school and be sustained over time; and
- it must be built around a continuum of school and non-school experiences for young people.

The Community Guidance for Youth Program is a statewide effort to shift guidance away from being the sole concern of schools and set it squarely at the center of community life. This is as it should be, because as the schools have repeatedly said, they cannot go it alone. Young people require supports from home and key institutions that influence them and touch their lives. In broadening the concept of where guidance can take place and who its relevant providers might be, Community Guidance promises to empower communities to invent new ways of helping young people develop viable futures for themselves. □

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The Lilly Endowment is a member of the Family Resource Coalition.

■ by Ron Daly

The Cooperative Extension System

The Cooperative Extension System (CES) links research, science, and technology to address the needs of people where they live and work. Extension's purpose is education—practical education for Americans to use in dealing with the critical social, economic, and environmental issues that impact their daily lives and the nation's future.

CES combines the expertise and resources of federal, state, and local governments. The partners in this unique system are:

- The Extension Service at the U.S. Department of Agriculture
- Extension professionals at land-grant universities throughout the United States and its territories
- Extension professionals in nearly all of the nations's 3,150 counties.

Thousands of paraprofessionals and nearly three million volunteers support this partnership and magnify its impact. Strong linkages with both public and private external groups provide additional resources that enhance the Extension System's strength and vitality.

Committed to building on its longstanding successful efforts to provide effective educational programs, CES has identified five critical areas impacting families:

- family financial instability
- children at risk
- youth at risk
- family disruption and dislocation
- responsibility for dependent elderly

In many states, key programs are already in place addressing these vital issues.

Financial Stability. In several states, Extension professionals are training volunteers to teach families how to improve their skills in money management and use of resources. In other states, the target audience is military families, many of whom are young, single-income, with children, and inexperienced in handling personal finances.

Children at Risk. In Ohio, educational programs are targeted to parents of 3–7 year-olds who are at risk of abusing and neglecting their children.

In another Ohio Project, "Take a Break with Your Kids," Extension joined with McDonald's to distribute a 4x5 card inside each Happy Meal package suggesting shared activities for parents and children. It was estimated that 73,440 parents became familiar with the cards and 27,000 parents had tried activities from the card.

"Parenting on your Own," used extensively in Illinois and Delaware, is aimed at single parents. This program is available through multiple delivery mechanisms such as direct mail, parenting support groups, and mass media, and can be adapted to meet the needs of various communities or used to complement other educational efforts for single-parent families.

"Family Matters," a program originating in New York, promotes a cooperative effort between parents, teachers, home visitors, and community leaders who share a concern for children. It helps them develop insight, confidence, and skill in communicating with each other and enhancing opportunities for family and individual development.

Youth at Risk. In Oregon and Ohio, Parenting Educators and support mothers provide parent education assistance to teenage parents on a one-to-one basis. Their home visits are supplemented by a monthly newsletter with tips on how to be an effective parent.

"Tackling Tough Stuff" is a joint program of Extension and medical faculty at one land-grant university, aimed at reducing teen depression and suicide.

Extension faculty and the Department of Corrections in another state are targeting their joint efforts to first-time offenders through an alcohol abuse program.

Family Disruption and Dislocation. In Oregon, CES offers workshops on the financial impact of death and divorce, helping couples confront the possibility of having to manage alone and encouraging them to put their financial matters in order to avert the crises of displaced homemakers. "Decisions at Divorce" offers workshops for professionals who counsel or advise families considering or seeking divorce. The content includes a Circuit Court Judge addressing legal concerns, a therapist speaking on counseling techniques, the Extension Family Resource Management Specialist discussing financial decisions, and representatives of local agencies describing their services and resources.

Responsibilities for Dependent Elderly. In Florida, Georgia, and Texas, Family Caregiver Seminars are provided for those involved in elder care. They are designed to help family members understand their elderly relatives, manage difficult behaviors, cope with stress and guilt feelings, and access community programs and health care alternatives. "Adult Sitter Clinics," conducted in several states for the last decade, have trained adults to be competent caregivers to ill or frail elders.

MAPP Database. Extension has developed a national database for family life educators based on the three Rs for better programming—research, reference, and resources. It includes program curricula, lesson plans, census data, and media materials for the five priority areas. This information was put together under the direction of Dr. James E. Van Horn, Editor, with the cooperation of more than 225 Extension specialists from universities nationwide. The database is housed in PENpages, Pennsylvania State University's information system, and can be accessed from anywhere in the United States by using a modem or via the Internet communications network, 24 hours a day. The only charge is for a long distance telephone call. Additional information about the MAPP database (including a PENpages User Guide) is available by writing to Dr. James E. Van Horn, 204 Weaver Building, University Park, PA 16802.

This is a brief view of how the Cooperative Extension System is responding to the special needs of individuals and families in local communities. Extension is committed to continuing its work with both public and private organizations to strengthen families and enhance their self-sufficiency.

More information on the Cooperative Extension System and what it is doing to empower families can be obtained by contacting your local county Extension office or the Cooperative Extension Service at your state land-grant university. □

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Cooperative Extension agents throughout the United States are members of the Family Resource Coalition.

An Extension food and nutrition specialist helps consumers choose foods that are nutritious and healthy.

■ by Stephen Small

Mobilizing Support and Action Through Community-Based Research

The Case of the Teen Assessment Project

PHOTO: WOLFGANG HOFFMANN

Imagine that you are a concerned parent, educator, family professional, politician, or community leader. You sense there is a problem with local teens—

- You've noticed a lot of beer bottles at the teen hangout by the railroad trestle.
- You've heard that a neighbor's 15-year-old daughter is pregnant.
- You saw an evening news report on the high rate of teenage suicide.

As a parent or community member, you're concerned that these issues—drugs, alcohol, suicide, sexual activity—might be problems for your children or others in your community. You are determined to ensure that your community is a good place for youth to grow up in. But where do you begin? One of the first things you need is more information:

- What are the most serious problems faced by teens in your community?
- How widespread are these problems?
- What are the causes of these problems and some possible solutions?

A community-based, action research project may be the answer. In addition to providing timely and relevant information, this research can be an important tool for increasing local awareness of an issue, mobilizing community support, educating citizens and policymakers, setting funding and programming priorities, and creating coalitions of concerned citizens. In this article, I will describe how one such community-based research program—The Teen Assessment Project (TAP)—has accomplished these aims in dozens of communities throughout Wisconsin.

The TAP Method

The foundation of the program is a questionnaire administered to local youth which assesses their mental health, perceptions of the community, school and family, and self-reports of various positive and problematic behaviors. The core survey instrument was developed at the University of Wisconsin; however, local communities are given the option of deleting questions they feel are inappropriate and adding questions that they deem particularly relevant.

A local contact person (in Wisconsin this has been the county Extension Home Economist or 4-H Youth Agent) identifies school district officials and other key local leaders concerned about youth and brings them together as a steering committee. Typical committee members include parents, youth or family program coordinators, school principals, teachers and guidance counselors, school board members, law enforcement personnel, county health nurses, and social service workers. In some cases, an existing group such as a local alcohol and other drugs (AODA) partnership or teen pregnancy prevention task force serves as the TAP steering committee. The group's responsibilities include developing appropriate procedures for conducting the survey in area schools, acquiring funding when needed, deciding the final content of the questionnaire, providing advice on disseminating the survey's findings, and providing leadership for community action based on the results of the survey.

Next, the survey is administered in participating schools to a random sample of junior and senior high school students. After the survey has been analyzed, a final report is drafted and made available to interested agencies and individuals in the community. Radio and press releases featuring highlights of the report are prepared for local and state dissemination. Frequently, a press conference is also held.

A unique feature of the TAP program is the monthly follow-up "localized" newsletter series that is sent to parents of teens and to other concerned adults. The newsletters feature data from the local survey, discuss current research-based knowledge regarding youth, provide suggestions for how adults can more effectively promote the development of young people, and provide information on local and state resources that parents can turn to for additional assistance.

Program Benefits

The TAP program has been initiated in over fifty communities across Wisconsin, and benefits have been diverse. In one county, for example, the TAP survey identified a high rate of depression and thoughts of suicide among 9th grade girls. These findings led members of the community coalition sponsoring TAP to examine why depression was so common in this group and to bring in a national expert to lead a series of workshops on suicide and depression for parents, teachers, and professionals.

In another community, the TAP survey led to the establishment of a parent network aimed at improving communication among parents, clarifying community norms regarding acceptable behavior, and facilitating better adult supervision of teens. In over a dozen communities, the TAP findings have provided powerful data for grant proposals to obtain funding for drug and teen pregnancy prevention programming. TAP information has also led administrators in several schools to introduce new curricula that address some of the major issues identified in the survey.

Another important benefit of the TAP program is the role it has played in the formation and maintenance of community coalitions. TAP has helped to give direction to local committees, assisted in mobilizing local support, and ultimately contributed to the development of more effective solutions. The local steering committees have frequently remained in place long after TAP, transforming themselves into youth-at-risk or prevention task forces.

Perhaps most importantly, in every community where the survey has been conducted, TAP not only raised citizen awareness, but it educated the community about what needed to be done and then helped to muster the human and financial resources needed to set plans into action. The TAP program is not an end in itself, but the first step in a broader community effort.

Finally, the community-based, action research model illustrated by the TAP program can be applied easily to other issues. For example, a similar assessment survey has been used throughout Wisconsin to determine the child care needs of parents with school-aged children. Research that is locally directed, addresses questions that are highly relevant to the community, and puts a priority on making the findings available to the public can be a valuable and practical tool for mobilizing community concern and action that supports families and children. □

Stephen Small is an Assistant Professor of Child and Family Studies at the University of Wisconsin-Madison and the Extension Human Development and Family Relations Specialist for the University of Wisconsin-Extension. Dr. Small is a member of the Family Resource Coalition.

For more information on the Teen Assessment Project or other types of community-based, action research, contact: Stephen Small, Department of Child and Family Studies, 1440 Linden Dr., University of Wisconsin, Madison, WI 53706 608/263-5688.

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"Parenting. Love of a lifetime.": The Story of a PR Campaign

The Response and Reprise

With this promotion the Ad Fed has keyed into individual feelings about family making and parenthood to find overwhelming universal truths that parents share despite their unique approaches. Parents all

- want the best for their children but are not sure what that entails
- could benefit from sharing information and feelings regarding the parenting role
- need to know where to go for additional help and to understand that it's natural and normal to feel the need for that help
- need to be there for others because every one else's parenting affects their own child's environment

These axioms are promoted in all the print, musical, and visual work done by the Ad Fed, and the Parenting Center is thrilled with the PR message. Testimony to and recognition of the caliber of creative work produced in this effort has come to the Memphis Advertising Federation through several awards, including winning 1st Place in Public Service/Volunteerism in the American Advertising Federatioa National Club Achievement Competition.

Public response to the initial publicity has been tremendous. People who had never heard of the Center called for information and help. The Center staff and Board are energized by the PR focus. Program Coordinator Barbara Blumenthal feels that the work has helped us to overcome prior inertia in developing our public face and given us fantastic tools to work with.

Penny Hofer, Program Specialist, said that it always feels good when a business, especially an advertising agency, buys into your work, and that the beautiful way this advertising material was presented made her proud to be a part of the Parenting Center.

Even though work was completed and announced in a fall, 1989 press conference, Steve Rutland continues to work on a video advertisement for the Parenting Center which could be included in a press kit or used as a fund raising tool for the agency. There are plans to design posters based on the print ads which could be placed in doctors' offices, and to distribute magazine and newspaper ads more widely. Using some of the visual work on billboards and on busboards has also been discussed. One of the billboard designs will be used to create a congratulatory birth card for new parents in the community.

In all, a heightened level of awareness of the Center and the impact of what was once thought of as a very private matter has developed. Our job is to build on that awareness and make sure our community leaders become and remain sensitized to the public nature of parenting. □

Help wanted.

You can't say or do anything right. Ever. Your opinion is worthless, your advice meaningless and your authority questionable. You're outdated, out of touch... out to lunch.

In other words, you're the parent of a teenager, and you're both wondering what you did to deserve each other. They're going through the most profound changes in their lives, finding out who they're going to be... and you think the search is going to kill both of you.

Have hope. They'll get over it, and the Parenting Center of Memphis can help you both get through it. We'll give you the support and guidance you need to give them the support and guidance they need. Talking... and listening... to each other again.

At little or no cost.

After all, like you, we want them to find the best person they can be because tomorrow's teenagers, and tomorrow, are in their hands.

You're old enough to take sound advice. So call now... 452-3830.

Parenting. Love of a lifetime.

Parenting Center of Memphis

A public service message of the Memphis Advertising Federation.

For more information on the Memphis Ad Fed and parenting PR materials, contact Steve Rutland at The Rutland Company, 88 Union Ave., Suite 504, Memphis, TN 38103 901/527-1818.

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FAMILY RESOURCE COALITION

The Family Resource Coalition's mission is to build support and resources within communities that strengthen and empower families, enhance the capacities of parents, and foster the optimal development of children and youth. Communities are the worlds within which families live and grow. Communities should be the source of enrichment and support for families. The work of the Family Resource Coalition is to improve the quality of community-based services for families—to ensure that needed resources and support are available to all families in their community.

Building Community

Just as strong communities help build strong families, a strong base of Coalition members helps us build the family resource and support community. We invite you to become a member of our community. Join now and help us in the work that lies ahead—help us build communities that will enrich the lives of families and children throughout the nation.

This issue of the FRC Report and the Coalition's 1990 National Conference focus on the theme of "Building Community."

■ **A message from Frank Farrow, the new Chairman of the Board of Directors**

Looking to the Future

The years ahead are exciting ones for the Family Resource Coalition and for the thousands of programs it represents. Ten years ago, the concept of family resource programs was barely understood. Only a few pioneering programs received any recognition, and they were likely to feel themselves isolated in their efforts. Even five years ago, family resource and support principles and practices were far removed from the mainstream of thought about what communities should provide for families.

All that is changing—and faster than many of family resource programs' most ardent supporters would have predicted. The energy that generates family resource programs is still strongest in local communities as new programs are created daily under the auspices of neighborhood groups, public and private agencies, housing authorities, and schools. Joining local communities are state agencies and policymakers who, seeking better ways to help families, are testing the promise of family resource and support approaches. State legislation that embodies these ideas is no longer rare, surfacing in fields from early childhood education to welfare reform, to adolescent pregnancy. Employers, too, are taking a new look at what it means to be "family supportive" and finding that this is not only good for families but good for business.

For the Coalition, this climate creates both opportunities and responsibilities. As the national organization representing the full range of family resource programs across the country, FRC's leadership can help determine whether the opportunities we all face together are used to their fullest or are lost.

As the Coalition Board surveys the tasks to be accomplished in the next two years, several priorities emerge. ***The first is to increase our service and support to the Coalition membership.*** The Coalition's overriding priority is to provide the assistance, information, and support that help member agencies develop and thrive. We envision increasing our capacity to respond to requests from the field as well as being more proactive in assisting communities develop the family resources and supports they want and need.

A second priority is to make family resource principles and programs more central to federal, state, and local public policies. Billions of dollars are now spent in our health, human service, and education systems in an attempt to help families. We need to infuse more of these expenditures with family resource and support principles, as well as begin to institute family support programs as a core element of the array of care in any community.

A third priority must be training. The program growth and development of the next decade must be fueled by the availability of well-prepared staff. Programs are only as strong as the people who greet parents at the door, and there are now very few sources of training for the skills necessary to provide family resource and support services.

Effective leadership by the Coalition depends on collaboration with a wide range of other actors. We look forward to working closely with local programs, with parents themselves, with state and local government, with federal officials, with advocates for children—in short, with all those who are committed to the well-being of families. □

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